

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.H.</i>		<i>11/22/99</i>
O.I.P.E. CLASSIFIER		<i>49652</i>	<i>11/24/99</i>
FORMALITY REVIEW			<i>12/09/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 -/- ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/01
2	✓	✓	5/02
3	✓	✓	9/02
4	✓	✓	2/03
5	✓	✓	8/03
6	✓	✓	8/03
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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